State Health Plan and Senate Bill 561

Committee on Health Care Provider Practice
Sustainability and Training/Additional Transparency in
Health Care (LRC)

January 21, 2014



State Health Plan Co-Pays

Non-Medicare Primary Plans:

Tier	Traditional 70/30	Enhanced 80/20	Consumer Directed
Primary Care	\$35	\$30 (\$15 in some cases), \$0 for Preventive	Deductible and coinsurance, \$0 for Preventive
Chiropractor	\$64	\$52	Deductible and coinsurance
Specialist	\$81	\$70 (\$60 in some cases)	Deductible and coinsurance

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State Health Plan Benefit Change Request Process

- Board of Trustees has established a process for the public to request benefit changes.
- Dr. Joe Siragusa submitted a request to change chiropractor co-pays and presented to the November 22, 2013 Board meeting.
- Board of Trustees is still considering the proposal.

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SB 561

- Bill would prohibit charging a higher co-pay for chiropractic services than for a visit to a primary care physician for comparable treatment or condition.
- Would impact the State Health Plan and health plans regulated under Chapter 58 of the General Statutes.

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SB 561 Actuarial Note

- Only covers impact on the State Health Plan.
- Estimated increase in paid claims of \$1.0 to \$1.5 million in FY 2013-14 and \$2.6 to \$3.7 million in FY 2014-15.
 Effective date was January 1, 2014.
- Only reflects increase in Plan's net payment for chiropractic services and increase in usage of those services. Does not reflect any potential change in usage of other medical services.



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